

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 187
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Rice or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Myrtle Hoffman { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth 10/25/28.
Month Day Year

8. FATHER
Full name Charles Hoffman
9. Residence (Usual place of abode) Rice,
If non-resident, give place and state. Ariz.
10. Color or race Apache
4/4 Indian Age at last birthday 23 (Years)
12. Birthplace (city or place) Rice,
(State or country) Ariz.
13. Occupation
Nature of Industry Common labor

14. MOTHER
Full maiden name Mary Allen
15. Residence (Usual place of abode) Rice,
If non-resident, give place and state. Ariz.
16. Color or race Apache
4/4 Indian 17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Rice,
(State or country) Ariz.
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? ?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I report the birth of this child, who was born alive at 4 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. H. Sawyer M.D.
(Physician or midwife).

Given name added from _____ Address San Carlos, Ariz.
a supplemental report _____ Month, day, year _____

Registrar

Filed _____, 19 C. H. Sawyer Registrar

485-1025-415

For each child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.